

Uniform Application for Third Party Administrator

Initial License/Registration

(Please Print or Type)

① Applicant Name 		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ DBA/Trade Name (if applicable)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ Business Address		⑧ City		⑨ State	⑩ Zip or Foreign Country
⑪ Phone Number () -	⑫ Fax Number () -	⑬ Business Web Site Address		⑭ Business E-Mail Address	
⑮ Mailing Address		⑯ P.O. Box	⑰ City		⑱ State
					⑲ Zip or Foreign Country

⑳ Does the administrator service a governmental or church plan? ____ yes ____ no

Owners, Partners, Officers and Directors

㉑ Identify sole proprietor or all owners, partners, officers and directors of the applicant (List only those with 10% or more ownership):				“Percentage of ownership”
Name _____	Title _____	SSN _____	_____ %	
Name _____	Title _____	SSN _____	_____ %	
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Name _____	Title _____	SSN _____	_____ %	
Name _____	Title _____	SSN _____	_____ %	

(State Use)

Jurisdictions															
If Applicable, Check Resident Jurisdiction To Which You Are Applying															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			
If Applicable, Check Non-Resident Jurisdiction (s) To Which You Are Applying															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			

Background Information	
<p>22 Please read the following very carefully and answer every question:</p>	
<p>1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment 	<p>Yes ___ No___</p>
<p>2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No___</p>
<p>3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<p>Yes ___ No___</p>
<p>4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No___</p>
<p>5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No___</p> <p>_____</p>

Background Information

6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- copies of all relevant documents.

Applicants Certification and Attestation

- 23 The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:
- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
 - Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
 - The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
 - Every owner, partner, officer or director of the applicant either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
 - I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
 - I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
 - If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Attachments for Resident Applications Only

- 24 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
- Basic Organizational Documents (If Applicable, Articles of Incorporation, Articles of Association, Partnership Agreements, Trade Name Certificate, Trust Agreement, Shareholder Agreement)
 - Bylaws, Rules, Regulations or Similar Documents Regulating the Internal Affairs of the Applicant
 - Biographical Affidavit(s) for Individuals Who Are Responsible for the Conduct of Affairs of the Applicant
 - Audited Financial Statements (If applicant has been in existence for less than two years, include annual financial statement certified by an officer of the applicant and prepared in accordance with GAAP. If audited financial statement is prepared on a consolidated basis, applicant must provide a columnar or consolidating worksheet detailing a) the amounts shown on the consolidated audited financial report, b) the amounts for each entity stated separately and c) explanations of consolidating and eliminating entries.)
 - Statement Describing Business Plan (Must Include Information on Staffing Levels and Activities Proposed in this State and Nationwide)
 - Copy of sample administrative agreement with completed checklist attached.
 - Power of Attorney appointing Commissioner for service of process.
 - Surety Bond as Required by Law for Applicant Engaging in any Self-Insured Business

Attachments for Non-Resident Applications Only

(Provided your state has adopted 2002 model TPA law, if not a resident application must be submitted.)

- 25 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
- Original Letter of Certification from the resident license/registration jurisdiction dated within 90 days of applications (copies of your resident license/registration are not acceptable.)
 - Our legal advisers have determined that Indiana Law 23-1-11-1 requires a foreign corporation to obtain a Certificate of Existence from the Indiana Secretary of State's office. If you have not complied with this requirement, we are suggesting that you do so immediately or you will be in violation. You should contact the Secretary of State at the following address:

Secretary of State
Government Center – South
Room E018
Indianapolis, IN 46204
(317) 232-6576

Once you have obtained the above Certificate of Existence a copy will need to be submitted with your insurance administrators registration at the address indicated below.

Must be signed by an officer, director, principal or partner of the applicant:

Month Day Year

Signature

Typed or Printed Name

Title

Address

City State Zip